

## In The United States Court of Federal Claims

Form 2  
Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: Sharna Christie PotterLocation of Plaintiff(s)/Petitioner(s) (city/state): Oroville, ca,

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): SelfFirm Name: pro-se

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box:

Street Address:

City-State-ZIP:

Telephone Number:

E-mail Address:

7 Gillick Way  
Oroville, ca, 95965  
530.826.1659 Boyfriend not incarceratedIs the attorney of record admitted to the Court of Federal Claims Bar? ☐ Yes ☐ NoNature of Suit Code: 515

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: 0Number of Claims Involved: 3Amount Claimed: \$ 10 million

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ \_\_\_\_\_

Is plaintiff a small business?

☐ Yes ☐ No

Was this action proceeded by the filing of a protest before the GAO?

☐ Yes ☐ No

Solicitation No. \_\_\_\_\_

If yes, was a decision on the merits rendered?

☐ Yes ☐ No

Income Tax (Partnership) Case:

Identify partnership or partnership group: \_\_\_\_\_

Takings Case:

Specify Location of Property (city/state): \_\_\_\_\_

Vaccine Case:

Date of Vaccination: \_\_\_\_\_

Related case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCRC 40.2.

☐ Yes ☐ No

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